



Member Mailing Address Change

Purpose of the Form

- Use this form to change your mailing address for both your PERSI Base Plan and Choice Plan 401(k) accounts. Statements, correspondence, tax information, and benefit payments will be sent to this new address.

Instructions

- **Active Members** (currently working for a PERSI employer)
Send this form to your employer's payroll clerk to update your address. PERSI receives member name and address information directly from your employer each month.
- **Retirees and Inactive Members** (not currently working for a PERSI employer)
Send this form directly to PERSI.

| Member Information | | | | | |
|-----------------------------------|--------------------|--|--------------|---|------------------------|
| Name First | | | Middle | Last | Social Security Number |
| New Mailing Address | Street or P.O. Box | | | | |
| | City | | State | Zip Code | |
| Daytime Phone Number Area Code | | | Phone Number | Effective Date of Address Change Month | |
| | | | | Day | Year |

| Member Certification | |
|---|------|
| Signature | Date |
| Note: If you are unable to sign the form, PERSI will accept the signature of a designated power of attorney. However, PERSI must have the <i>PERSI Durable Power of Attorney</i> (RS113) on file authorizing the designee to sign for you. | |

Employer Payroll Clerk

- **Electronic reporting**
Update your own records and forward the new information to PERSI by means of your *Transmittal Report of Employee Deductions* **only**. Do **not** send this form to PERSI.
- **Paper reporting**
Update your own records and send this form to PERSI.

